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Bib Data Sheet

CONFIRMATION NO. 8397

| | | | | |
|-----------------------------|---|--------------|------------------------|----------------------------------|
| SERIAL NUMBER 10/067,675 | FILING DATE 02/04/2002 RULE <i>file 117</i> | CLASS 370 | GROUP ART UNIT 2661 | ATTORNEY DOCKET NO. 1148a1 |
|-----------------------------|---|--------------|------------------------|----------------------------------|

APPLICANTS

Joseph Michael Christie, Residence Not Provided, Deceased;
Joseph S. Christie, Mt. Pleasant, PA, Legal Representative;
Jean M. Christie, Mt. Pleasant, PA, Legal Representative;
William Lyle Wiley, Olathe, KS;
Royal Dean Howell, Trimble, MO;

CH

YES

** CONTINUING DATA

THIS APPLICATION IS A CON OF 09/243,203 02/02/1999
WHICH IS A CON OF 08/754,349 11/22/1996 PAT 6,031,840
WHICH IS A CIP OF 08/568,551 12/07/1995 PAT 5,825,780
WHICH IS A CON OF 08/238,605 05/05/1994 ABN

U.S. Pat # 6411624

SH

NONE

** FOREIGN APPLICATIONS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/03/2002

| | | | | |
|--|-----------------------------------|--------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING 129 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>SH</i> | Initials | | |

ADDRESS

28004

TITLE :

Telecommunications system

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|-------------------------------|---|---|
| FILING FEE RECEIVED 740 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |